State Child Death Review Board
120 S.W. 10th Avenue, 2nd Floor, Topeka, KS 66612
(785) 296-7970 Fax (785) 296-7796
Coroner Report Form on-line: https://carenet.netsmartcloud.com/kcfr/

Coroner Report Form

To Be Completed for All Child Deaths (Ages 0-17)

A. Identification of decedent			
First Name:	Middle Name:	Last Name:	Suffix:
Alternate First Name:	Alternate Middle Name:	Alternate Last Name:	Alternate Suffix:

Date of Birth (mm/dd/yy)	Date of Death (mm/dd/yy)	Time of Death (Military)
County, State of Residence	County, State of Injury/Illness Event	County, State of Death
Sex: ☐ Male ☐ Female	Race:	Ethnicity: ☐ Non-Hispanic ☐ Hispanic

Manner of Death: ☐ Natural – excluding SIDS ☐ Natural - SIDS
☐ Homicide ☐ Suicide ☐ Unintentional Injury (Accident)
☐ Undetermined ☐ Pending Investigation

(If Sudden Unexplained Infant Death (including SIDS) or possible SIDS - complete supplemental form)

B. Contributing factors (check all that apply)

☐ Lack of supervision ☐ Alcohol use ☐ Drug use
☐ Neglect (Physical, medical, emotional) ☐ Domestic violence ☐ Child abuse
☐ Known illness, specify: ☐ Other, specify:

C. Describe the events and circumstances leading to the fatal illness/event: Specify any concerns of abuse, neglect, drug/alcohol involvement, or suspicious circumstances.

D. Additional information or comments:

E. Autopsy and investigation information:

Autopsy Status: ☐No autopsy ☐Autopsy completed, report pending ☐Autopsy completed, report sent to SCDRB

Autopsy performed by: _____

Was toxicology testing performed on the decedent? ☐Yes ☐ No ☐Unknown

Toxicology performed by: _____

If yes, were results: ☐Positive ☐ Negative ☐Unknown ☐Pending

If results positive, substance if known: _____

If results positive, level, if known _____

Law Enforcement agency conducting required investigation:_____

Additional death scene investigation performed by: (Mark all that apply)
☐Not conducted ☐Coroner ☐Fire Investigator ☐Other: Specify_____

F. Other source information (if applicable):

Contact Name	Agency Name	Phone Number	Date (mm/dd/yy)	Case Number

Coroner Name: _____

Submitted by: _____

Phone Number: _____

E-mail: _____

Please forward the information to: Angela Nordhus, Executive Director
State Child Death Review Board
Office of the Attorney General
120 S.W. 10th Avenue, 2nd Floor
Topeka, KS 66612
Phone: (785) 296-7970
Fax: (785) 296-7796
E-mail: angela.nordhus@ag.ks.gov

State Child Death Review Board
120 S.W. 10th Avenue, 2nd Floor, Topeka, KS 66612
(785) 296-7970 Fax (785) 291-3875
SUIDI Form on-line: http://ag.ks.gov/docs/forms/coroner-report-form.pdf?sfvrsn=8

SUDDEN UNEXPLAINED INFANT DEATH – SUPPLEMENAL INFORMATION

Page 3 (if indicated)

Decedent's Name:

Date of Death:

Position of infant when placed: ☐ Abdomen ☐ Back ☐ Side ☐ Unknown
☐ Other If other, specify:

Position of infant when found: ☐ Abdomen ☐ Back ☐ Side ☐ Unknown
☐ Other If other, specify:

Sleeping place: ☐ Crib ☐ Bed, not crib ☐ Couch ☐ Waterbed ☐ Unknown
☐ Other If other, specify:

Sleeping surface: ☐ Firm ☐ Soft ☐ Unknown

Sleeping arrangement (check all that apply):
☐ Sleeping alone ☐ Bed sharing w/adult ☐ Bed sharing w/child
☐ Unknown ☐ Other, specify:

Was bedding or items in or on the decedent's sleeping surface a concern?
☐ Yes ☐ No ☐ Unknown

Recent URI (In last 2 wks of life)? ☐ Yes ☐ No ☐ Unknown

Other illness in last 2 wks of life? ☐ Yes ☐ No ☐ Unknown
If yes, specify:

Did anyone in the home smoke? ☐ Yes ☐ No ☐ Unknown

Specify any other risk factors present at the scene: